

FROM McANDREWS, HELD, & MALLOY

(MON) 4. 3' 06 19:31/ST. 19:30/NO. 4861050098 P. 1



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TO: Marceau Milord

Examiner, Group Art Unit 2682

FAX NO.: (571) 273 - 8300

FROM: Michael T. Cruz

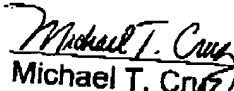
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/695,716
		Filing Date	October 23, 2000
Total Number of Pages in This Submission <u>17</u>		First Named Inventor	Ahmadreza Rofougaran
		Art Unit	2682
(to be used for all correspondence after initial filing)		Examiner Name	Marceau Milord
		Attorney Docket Number	15258US03
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response (13 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks _____		Extension of Time Request (1 Page Each) filed in Duplicate.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Michael T. Cruz</i>		
Printed Name	Michael T. Cruz		
Date	April 3, 2006		
CERTIFICATE OF FAX TRANSMITTAL			
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Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	April 3, 2006

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

Complete if Known

Application Number	09/695,715
Filing Date	October 23, 2000
First Named Inventor	Ahmadreza Rofougaran
Examiner Name	Marceau Milord
Art Unit	2682
Attorney Docket No.	15258US03

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee(\$)

Each independent claim over 3 (including Reissues)

Fee(\$)

Multiple dependent claims

200 100

360 180

Total Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

-20 or HP

x

=

Multiple Dependent Claims

Fee

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

-3 or HP

x

=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(b)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee(\$)

Fee Paid(\$)

-100

/50

(round up to a whole number)

x

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid(\$)

Other (e.g., late filing surcharge): Petition Fee for Petition for Two-Month Extension of Time (\$450)

450.00

SUBMITTED BY

Signature

Michael T. Cruz

Registration No.
(Attorney/Agent)

44,636

Telephone

(312) 775-8084

Name (print/type)

Michael T. Cruz

Date

April 3, 2006

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